



San Luis Obispo County Drug and Alcohol Advisory Board

DETOXIFICATION Position Statement Adopted February 9, 2006

Background

Definition of Detoxification

According to SAMHSA's TAP 11 (The Substance Abuse and Mental Health Services Administration's Technical Assistance Publication number 11: *Treatment for Alcohol and Other Drug Abuse*), detoxification "provides medical and supportive services needed to alleviate the short-term symptoms of physical withdrawal from chemical dependence." The purpose of detoxification is "to help the patient stabilize physically and psychologically until the body becomes free of drugs or the effects of alcohol."

The Relationship of Detoxification to Treatment

TAP 11 states that detoxification "*is not a treatment modality*, but is the necessary first step in the treatment process." The National Institute on Drug Abuse's (NIDA's) publication *Principles of Drug Addiction Treatment* agrees with this position, stating: "Detoxification is not designed to address the psychological, social, and behavioral problems associated with addiction and therefore does not typically produce lasting behavioral changes necessary for recovery. Detoxification is most useful when it incorporates formal processes of assessment and referral to subsequent drug addiction treatment." Detoxification, then, while not sufficient treatment if provided by itself, is an important part of the Intake Processing and Assessment component of the Components of Comprehensive Drug Abuse Treatment described in the *Principles*.

The Place of Detoxification in the Continuum of Care

The United Nations publication *Contemporary Drug Abuse Treatment: A Review of the Evidence Base* describes addiction treatment as consisting of two phases: the detoxification phase and the rehabilitation-relapse prevention phase. The second phase is often divided into phases as well, with active treatment transitioning into less intensive treatment and finally aftercare. The American Psychiatric Association's Position Statement on Substance-Related Disorders states: "*Cost-effective treatment is best delivered in a comprehensive, flexible continuum of services, which should be accessible on the same basis as other medical care.*" Detoxification is thus an essential component in the continuum of addiction treatment services.

Types of Detoxification Services and Patient Placement

Types of detoxification services range from ambulatory (outpatient) pharmacotherapy to inpatient hospitalization, with residential social model approaches occupying the middle position. Ideally, the type of detoxification service provided should be matched to a client's needs. The UN's *Contemporary Drug Abuse Treatment* states: "Detoxification is generally viewed as particularly appropriate for patients who present with acute medical and psychiatric problems (in particular those with a history of seizure and depression) and also those who have concurrent acute alcohol dependence. Studies of shorter term outpatient reduction programmes have generally reported poor outcomes with high patient dropout and few achieving abstinence. However, those patients who have less acute problems and medical complications and have a stable, supportive home situation may well be able to complete detoxification in the community. Few studies have examined the appropriate setting for the stabilization of physiological and psychiatric signs and symptoms associated with psychostimulant use; however, a residential medical setting is generally required if the patient has acute psychiatric symptoms and emotional distress."

According to the UN's *Contemporary Drug Abuse Treatment*, stabilization of acute withdrawal symptoms is typically completed within 3 to 5 days, "but this may need to be extended for patients with conjoint medical or psychiatric problems or physiological dependence on benzodiazepines and other sedatives."

Benzodiazepine and sedative dependence are not the only complicating factor in detoxification. Methamphetamine abuse is growing in our county, and we are becoming increasingly aware of co-occurring mental disorders. Both of these factors can require longer, more intensive detoxification and more in-depth assessment and treatment planning.

A recent study funded by NIDA found that "people who have recently stopped abusing the powerfully addictive drug methamphetamine may have brain abnormalities similar to those seen in people with mood disorders," and cautioned that methamphetamine abuse "is a grave problem that can lead to serious health conditions including brain damage, memory loss, psychotic-like behavior, heart damage, hepatitis, and HIV transmission."

SAMHSA's TIP 42, *Substance Abuse Treatment for Persons with Co-occurring Disorders*, states that "studies conducted in substance abuse programs typically reported that 50 to 75 percent of clients had some type of co-occurring mental disorder...while studies in mental health setting reported that between 20 and 50 percent of their clients had a co-occurring substance use disorder."

Recommendations

1. Detox services should be included as a vital component in the system of care for substance abuse treatment in San Luis Obispo County. We recommend that the County make it a priority to fill the current gap in the continuum of care by

implementing detoxification services, if possible without reducing or negatively impacting existing services.

2. Given the complexity and severity of problems confronting county residents with substance abuse and dependence, including the rapidly rising rates of methamphetamine abuse and high rates of co-occurring disorders, the ideal solution would consist of a graded range of detoxification services tailored to the specific needs of clients, including ambulatory pharmacotherapy for those clients with adequate motivation and support, an intermediate level of services consisting of nonmedical/social model residential detoxification services, and acute hospitalization for those with severe withdrawal symptoms and severe psychiatric comorbidity.
3. We recommend that, at a minimum, San Luis Obispo County should develop a nonmedical/social model residential detoxification program staffed to serve the needs of clients withdrawing from all the substances commonly abused in this county, including alcohol, sedatives, opiates, and stimulants—especially methamphetamine, with active assessment of co-occurring psychiatric problems, active cooperation with Mental Health Services, and interventions aimed at maximizing transition from detoxification to longer-term treatment services and encouraging retention in these services.

Internet Locations of References Cited

SAMHSA's TAP 11: <http://www.treatment.org/Taps/Tap11/tap11toc.html>

NIDA's Principles of Drug Addiction Treatment:
<http://www.nida.nih.gov/PODAT/PODATindex.html>

The UN's Contemporary Drug Abuse Treatment: A Review of the Evidence Base:
http://www.unodc.org/pdf/report_2002-11-30_1.pdf

SAMHSA's TIP 42:
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.chapter.74073> or
<http://media.shs.net/prevline/pdfs/bkd515.pdf>